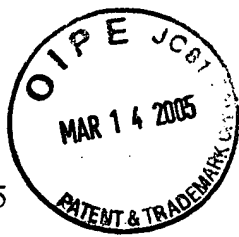


03500.016185



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: A. Do
KAZUMI KIMURA)	
	:	Group Art Unit: 2624
Application No.: 10/073,108)	
	:	
Filed: February 12, 2002)	
	:	
For: SCANNING OPTICAL)	
APPARATUS AND IMAGE	:	
FORMING APPARATUS USING)	
THE SAME	:	March 11, 2005

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

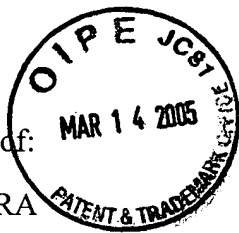
Sir:

Prior to further examination of the above-identified application, in connection with which a Request for Continued Examination (RCE) is being filed concurrently herewith, please amend the application as follows:

03/15/2005 MGE BREM1 00000063 10073108

02 FC:1202

600.00 OP



In re Application of:

KAZUMI KIMURA

Application No.: 10/073,108

Filed: February 12, 2002

For: SCANNING OPTICAL APPARATUS AND
IMAGE FORMING APPARATUS USING
THE SAME

Docket No. 03500.016185

Examiner: A. Do

Group Art Unit: 2624

Date: March 11, 2005

THE COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 33	MINUS	** 21	= 12	x \$25 \$50	600.00
INDEP. CLAIMS	* 3	MINUS	*** 3	=	x \$100 \$200	- 0 -
Fee for Multiple Dependent claims \$180°/\$360						Prev. Paid
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						600.00


* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☒ A check in the amount of \$ 600.00 is enclosed.
- ☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$ _____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicant
Michael K. O'Neill
Registration No.: 32,622

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

Form #120

CA_MAIN 93263v1